

**REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION**



SAN JOSE POLICE DEPARTMENT

**DIVISION OF MEDICAL
MARIJUANA CONTROL**



COLLECTIVE APPLICATION

Renewal of Registration

Legal Name of Collective (include DBA if applicable):

GENERAL REQUIREMENTS

This **Application for Registration** as a Medical Marijuana Collective (“Application”) and its attachments **shall be completed by each medical marijuana establishment** (“Collective”) **seeking to obtain a Notice of Completed Registration** (“Registration”) with and legally operate in the City of San Jose, to **amend its Initial Application to update information** previously provided to and relied upon by the City in the Collective’s Initial Application, **or to renew its current Registration**. If the Collective strictly complies with Chapter 6.88 of the San Jose Municipal Code (“SJMC”) and is issued a Registration by the City of San Jose, the Registration shall expire after one (1) year of its issuance and the Collective shall thereafter be responsible for applying to renew that Registration on an annual basis and pay any associated renewal fees sixty days prior to the expiration date of the current registration.

Anytime a Collective desires to change its dispensing or cultivation location or premises, the Collective shall first complete an Initial Application and shall be subject to the same process and fees set forth for the issuance of Registration in SJMC Section 6.88.330. For any other change in the information provided in this Application and its attachments, including any change in the Collective’s owners or managers, the Collective shall, within fifteen (15) calendar days, file Application to Amend, along with any associated amendment fees, as set forth in SJMC Sections 6.88.360 and 6.88.380.

A Registration issued by the City of San Jose is merely an acknowledgement of the Collective’s compliance with the requirements of Chapter 6.88 of the SJMC and its ability to assert an affirmative defense to civil and criminal enforcement of the SJMC based solely upon conduct which is in strict compliance with the provisions of Chapter 6.88 and the provisions of Title 20 of the SJMC relating to medical marijuana. Any Collective submitting this Application should have no expectation that the City will issue the Collective a Registration, or that once a Registration is issued, it will continue to be valid.

The definitions set forth in Chapter 6.88 of the SJMC shall govern this Application and the interpretation of this Application.

The completion of this Application does NOT guarantee continued operation as a Collective in San Jose
SJPd Division of Medical Marijuana Control

**REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION**

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REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION I COLLECTIVE INFORMATION

SECTION I – COLLECTIVE INFORMATION:

Fully complete questions 1-13 of Section I of this application along with attaching all necessary documents at the end of this section. Failure to complete this application will cause a delay in processing your application to register as a Medical Marijuana Collective in San Jose

(1) Name of Collective, including all current and former DBAs:

(a) Legal Name of Collective (include current DBA if applicable):

(b) Former DBAs: _____

(2) Applicant entity structure: Corporation Unincorporated Association Other

If “Other,” describe entity structure:

(3) Year Collective was established? _____

(4) The total number of Collective members as of the date this Application was submitted: _____

(5) Has the Collective previously operated in this City or any other state, county or city?

Yes _____ No _____ (if no move to question 6)

(a) If “Yes,” did said operation occur under a license, permit or other regulatory program? _____

(b) If “Yes,” list the state, county or city and provide the name of the license/permit or program of the issuing or regulating state, county or city. If applicable, provide the license and/or permit identification numbers:

(c) Were any previously issued licenses or permits suspended, revoked, or nullified?

Yes _____ No _____

a. If yes, explain: (attach additional pages if necessary):

(6) Collective’s valid California State Board of Equalization (BOE) Seller’s Permit Number:

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION I COLLECTIVE INFORMATION

(7) Worker's Compensation Insurance:

- a) Worker's Compensation Insurance Carrier: _____
- b) Worker's Compensation Insurance Policy Number: _____

(8) Indicate the software system the Collective is using to document patient records, records of all transfers of medical marijuana, cultivation records, and inventory records:

- a) Software system used to track the **patient records** regarding all patients and members of the Collective:
- b) Software system used to track the **transfer of Medical Marijuana** from the Collective to the patient (i.e. **Point of Sale System** or sale records):
- c) Software system used to track the **Cultivation records** which tracks the amount of medical marijuana cultivated, processed, stored, manufactured or destroyed at the cultivation location:
- d) Software system used to track the **Inventory** of all medical marijuana that is stored, processed, cultivated and transferred at the Collective:

(9) Security Personnel at the Collective's cultivation and dispensing location pursuant to SJMC 6.88.420J:

- a) Does the Collective **contract** with a licensed security company for the security requirements set forth in SJMC 6.88.420J?

_____ Yes _____ No

If "Yes" the Collective contracts with a licensed security company, provide the following information:

1. Name of security company: _____
2. Phone number for security company: _____
3. Security company license number: _____
4. Check the appropriate boxes for the locations where the security personnel provide coverage:
_____ Dispensing site only _____ Cultivation site only _____ Both

- b) Does the Collective **directly hire** their own security personnel? _____ Yes _____ No

If "Yes" the Collective hires their own security personnel, provide the following information:

1. Registration number with the Bureau of Security and Investigative Services to operate as a Proprietary Private Security Employer (PPSE): _____
2. Expiration date of PPSE registration: _____
3. Check the appropriate boxes for the locations where the security personnel provide coverage:
_____ Dispensing site only _____ Cultivation site only _____ Both

The completion of this Application does NOT guarantee continued operation as a Collective in San Jose
SJPD Division of Medical Marijuana Control Page 2 of 19

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION I COLLECTIVE INFORMATION

*Attach all required documents for questions 10-13 and identify the documents at the end of **Part I** of this section.*

- (10) Is the Collective an **incorporated association**? Yes_____ No_____
- If 'yes' Collective is an **incorporated association**, attach a copy of the following documents as certified by the Secretary of State:
- | | Attached | N/A |
|---|-----------------|------------|
| a) Collective's Articles of Incorporation | _____ | _____ |
| b) Certificate of Amendment | _____ | _____ |
| c) Statement of Information | _____ | _____ |
| d) Restated Articles of Incorporation | _____ | _____ |
- In addition to the documents above attach the following:
- | | | |
|--|-------|-------|
| e) Collective By Laws | _____ | _____ |
| f) Most recent Annual Report of Officers and Directors | _____ | _____ |
- (11) Is the Collective an **unincorporated association**? Yes_____ No_____
- If 'yes' Collective is an **unincorporated association** and filed a Statement by Unincorporated Association with the Secretary of State, attach a copy of the following documents as certified by the Secretary of State:
- | | Attached | N/A |
|---|-----------------|------------|
| a) Statement By Unincorporated Association | _____ | _____ |
| b) Registration of Unincorporated Nonprofit Association | _____ | _____ |
| c) Original and amended Articles of Association | _____ | _____ |
- (12) Is the Collective an **informal unincorporated association**? Yes_____ No_____
- If 'yes' Collective is an **informal unincorporated association**, attach copies of the following:
- (a) Collective's fully executed Articles of Association (aka Charter or Constitution).
- | | Attached | N/A |
|--|-----------------|------------|
| | _____ | _____ |
- (13) Has the Collective or any of its Owners or Managers previously been the subject of a Compliance Order issued by the City of San Jose pursuant to Chapter 1.14 of the SJMC? Yes_____ No_____
- If 'yes' attach the following:
- (a) Documentation from the City's Code Enforcement Division evidencing that the Collective has complied with the provisions of the Compliance Order.
- | | Attached | N/A |
|--|-----------------|------------|
| | _____ | _____ |

Attach all required documents at the end of Section I

END OF SECTION I

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION II DISPENSING SITE

SECTION II – DISPENSING SITE:

Dispensing site requirements:

- A collective may have only ONE dispensing location in the City of San Jose (SJMC 6.88.310 A.)
- Hours of operation can only be between the hours of 9am-9pm (SJMC 6.88.440 A)

Fully complete questions 14 - 22 of Section II of this application along with attaching all necessary documents at the end of this section. Failure to complete this application will cause a delay in processing your application to register as a Medical Marijuana Collective in San Jose.

(14) Physical Address of premises and location of the Collective's sole dispensing site from where the Collective will be **dispensing** medical marijuana in San Jose (a P.O. Box will not satisfy this requirement):

(15) Physical Description and square footage of the premises and location from where Collective will be dispensing medical marijuana (e.g., one-story commercial building, etc.):

(a) Physical description of premises of dispensing site: _____

(b) Square footage of premises and location of the Collective's dispensing site: _____

(16) Name, Address & Contact Information for Owner(s) of the property listed as the Collective's dispensing site. If more than one person owns the property, list all the owners here. If necessary, attach additional sheets of paper to identify multiple owners:

Legal owner name			
Owner address (a P.O. Box will not satisfy this requirement)			
Owner email address & phone	Email	Phone	
Name/Email/ phone of agent or representative if applicable	Name	Email	Phone

(17) Authorization to use property or location of dispensing site: If the Collective **rents, leases, subleases, or is in the process of purchasing the property** of the premises and location of the Collective's dispensing site, check the appropriate box(es) below to verify that the Collective has notified the owner(s), landlord(s) and leasing agent(s) of the proposed use.

_____ Attached is a fully executed copy of the rental/lease agreement, and/or purchase agreement which includes the purpose for which the property will be used.

_____ Attached is an original fully executed and notarized letter of authorization to use the property as a medical marijuana dispensing location signed by each owner, landlord and leasing agent or equivalent.
Signatures of each party must be notarized.

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION II DISPENSING SITE

NOTE: If the property listed as the premises or location of the Collective's dispensing site is owned, rented or leased by more than one person, a separate authorization must be submitted for each owner, landlord and leasing agent or equivalent. Please attach additional authorizations to this Application.

(18) Onsite landline telephone number(s) for the Collective at the premises and location(s) from where Collective will be dispensing medical marijuana: _____

(19) Collective's website address: _____

(20) FAX number(s) for Collective at the premises and location(s) from where Collective will be dispensing medical marijuana: _____

(21) List the names of all individuals who will be serving as the "on-site designated representative" at the premises or location of the Collective's **dispensing site**:

(22) **Public hours of operation at dispensing site:** Identify the daily hours of operation in which the Collective's dispensing location is open to the membership.

Hours that the Collective's dispensing site will be open to the membership:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Attach all required documents at the end of Section II

END OF SECTION II

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION III CULTIVATION SITE

SECTION III – CULTIVATION SITE:

"**Cultivation Site**" means the property, location, or premises where medical marijuana is cultivated, stored, manufactured or processed by the members of a collective on behalf of that collective. (SJMC Section 6.88.212)

- **A collective may have only ONE cultivation location (SJMC 6.88.310 B.)**
- Cultivation site may be a separate location OR same location as the dispensing site (SJMC 6.88.310.B)
- Cultivate site may be located **off-site** and to the extent allowed by law in the local jurisdiction only in the following counties: **Santa Clara, Alameda, Merced, Monterey, San Benito, San Mateo, San Joaquin, Santa Cruz, or Stanislaus** (SJMC Section 6.88.435)

"**Manufacturing**" means converting, producing, deriving, concentrating, making, cooking, baking, transforming, packaging, or preparing medical marijuana, including the production of concentrated cannabis, the production of edible medical marijuana products, and/or the production of medical marijuana infused products. (SJMC Section 6.88.227)

Fully complete questions 23-28 of Section III of this application along with attaching all necessary documents at the end of this section. Failure to complete this application will cause a delay in processing your application to register as a Medical Marijuana Collective in San Jose.

(23) The Collective has a cultivation site that is:

_____The **same location** as the Collective's dispensing location

- a) If the same, include the square footage of the canopy size devoted to cultivation:

_____ **Off-site cultivation** location that is **separate from** the dispensing location

- a) List the city and county in which the separate cultivation site is located:

- b) Complete Physical Address of the premises or location(s) from where the Collective will be cultivating/manufacturing medical marijuana (a P.O. Box will not satisfy this requirement):

- c) Physical description and square footage of the premises or location from where the Collective will be cultivating/manufacturing medical marijuana (e.g., one-story commercial building, etc.):

Physical description of Cultivation site premises: _____

Square footage of premises of the Collective's off-site cultivation location: _____

Square footage of the canopy size devoted to cultivation: _____

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION III CULTIVATION SITE

(24) Name, Address & Contact Information of the owner(s) of the premises or location from where the Collective will be **cultivating/manufacturing** medical marijuana. If more than one person owns the property, provide information for all the owners. If necessary, attach additional sheets of paper for each owner:

Name of legal owner			
Owner address			
Owner phone & email address	Phone	Email	
Name/Email/ phone of agent or representative	Name	Email	Phone

(25) Authorization to use property or location from where the Collective will be cultivating medical marijuana: If the Collective rents, leases, or is in the process of purchasing the property that the Collective will be cultivating medical marijuana check the appropriate box(es) below to verify that the Collective has notified the owner(s), landlord(s) and leasing agent(s) of the proposed use.

_____ Attached is a fully executed copy of the rental/lease agreement, and/or purchase agreement which includes the purpose for which the property will be used.

_____ Attached is an original fully executed and notarized letter of authorization to use the property as a medical marijuana cultivation/manufacturing location signed by each owner, landlord and leasing agent or equivalent. ***Signatures of each party must be notarized.***

NOTE: If the property listed as the premises or location from where the Collective will be cultivating/manufacturing medical marijuana is owned, rented or leased by more than one person, a separate authorization must be submitted for each owner, landlord and leasing agent or equivalent. Please attach additional authorizations to this Application.

(26) Onsite landline telephone number(s) for the Collective at the premises or location from where the Collective will be cultivating/manufacturing medical marijuana: _____

(27) List the names of the individuals who will be serving as the “on-site designated representative” at the premises or location from where the Collective will be **cultivating/manufacturing medical marijuana**:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION III CULTIVATION SITE

(28) Will the Collective be **manufacturing** medical marijuana, as defined in section SJMC 6.88.227?

_____ **Yes**

_____ **No**

If 'yes,' check the appropriate box for ALL products that the Collective will be manufacturing.

a) Will the Collective be manufacturing medical marijuana **concentrates**? (i.e. Hash, kief, any other concentrate product produced in compliance with 6.88.430C)

_____ **Yes** _____ **No**

b) Will the Collective be manufacturing medical marijuana **edible products**? (i.e. products intended for oral consumption which is metabolized by the body including but not limited to, any type of food, drink, pill, lozenge, etc)

_____ **Yes** _____ **No**

c) Will the Collective be manufacturing any medical marijuana **infused products**? (i.e. products intended for use other than by smoking or oral consumption including but not limited to ointments, tinctures, lotions, etc)

_____ **Yes** _____ **No**

If the collective will be manufacturing any medical marijuana products attach a detailed Manufacturing Plan at the end of **Section VI** which will describe the types of products that will be manufactured along with the methods, process, and materials used to manufacture each type of product.

Attach all required documents at the end of Section III

END OF SECTION III

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION IV REPRESENTATION

SECTION IV – REPRESENTATION:

Fully complete questions 29-31 of Section IV of this application along with attaching all necessary documents at the end of this section. Failure to complete this application will cause a delay in processing your application to register as a Medical Marijuana Collective in San Jose.

(29) Name, Address, E-mail address, and 24-hour telephone number of **Owner, Manager, or other individual authorized to sign on behalf of and legally bind the Collective**. If more than one individual is authorized to sign on behalf of the Collective, attach additional sheets of paper at the end of Section IV:

Name		
Address (P.O. Box will not satisfy this requirement)		
Email and 24-hour phone number	Email	Phone

____ This individual is authorized to accept service of process on behalf of the Collective.

____ This individual agrees to accept service of process electronically by email on behalf of the Collective.

(30) Name, Address, e-mail address, & 24-hour telephone number of **attorney or other agent authorized to represent the Collective**. If more than one individual is authorized to represent the Collective, attach additional sheets of paper at the end of Section IV:

Name		
Address (P.O. Box will not satisfy this requirement)		
Email and 24-hour phone number	Email	Phone

____ This individual is authorized to accept service of process on behalf of the Collective.

____ This individual agrees to accept service of process electronically by email on behalf of the Collective.

(31) Name, Address, e-mail address, & telephone number of person authorized to accept service of process on behalf of the Collective, only if **different than the person listed in Item 29 or 30** of this application:

____ Same as in item 29 or 30 above ____ Different than in item 29 or 30 above

Name		
Address (P.O. Box will not satisfy this requirement)		
Email and 24-hour phone number	Email	Phone

____ This individual agrees to accept service of process electronically by email on behalf of the Collective.

____ This individual agrees to accept service of process electronically by email on behalf of the Collective.

END OF SECTION IV

The completion of this Application does NOT guarantee continued operation as a Collective in San Jose
SJPD Division of Medical Marijuana Control Page 9 of 19

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION V FINANCIAL INFORMATION

SECTION V – FINANCIAL INFORMATION:

Fully complete questions 32 of Section V of this application along with attaching all necessary documents at the end of this section. Failure to complete this application will cause a delay in processing your application to register as a Medical Marijuana Collective in San Jose.

Check the appropriate box for all documents attached at the end of Section V

(32) Pursuant to SJMC 6.88.330 A.1.j., attach a list providing identifying information for all of the following and include the bank, credit union, or financial institution name, account number, and name under which each account is held:

	Attached	NA
a) Savings accounts	_____	_____
b) Checking accounts	_____	_____
c) Investment accounts	_____	_____
d) Trusts	_____	_____

Attach all required documents at the end of Section V

END OF SECTION V

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VI COLLECTIVE OPERATIONS

SECTION VI – COLLECTIVE OPERATIONS:

“**Owner**” means any individual member of a collective having more than a ten percent interest, legal or equitable, or otherwise, in the collective (SJMC 6.88.255).

“**Manager**” means an individual who is a member of a medical marijuana collective and who, directly or indirectly, is engaged in the management of the medical marijuana collective as may be evidenced by the individual member being responsible for the establishment, organization, registration, supervision, or oversight of the operation of the collective and/or its members, which oversight may include but not be limited to the following: performing the functions of president, vice president, board member, director, owner, operating officer, financial officer, secretary, treasurer, supervisor or manager (SJMC 6.88.225).

Fully complete question 33 a-h of Section VI of this application along with attaching all necessary documents at the end of this section. Failure to complete this application will cause a delay in processing your application to register as a Medical Marijuana Collective in San Jose.

(33) Attach the Collective’s Operations Plan and check the appropriate box which includes each of the following:

Check the appropriate box for all documents attached at the end of Section VI

(a) A Management Plan:

_____ 1. Naming the managers for the Collective and detailing each manager’s responsibilities, including a list of managers responsible for receiving, logging, and responding to complaints regarding the Collective.

(b) A Security Plan:

_____ 1. Complete Attachment A: Video Surveillance Login Information Form located at the end of Section VI to include login information for full administrative access (i.e. PTZ control, previously recorded video playback, etc.) of the on-site web-based video surveillance required pursuant to SJMC Section 6.88.420 for the Collective’s Dispensing and Cultivation location;

_____ 2. Detailing the security measures for all locations and premises used by the Collective, including those requirements set forth in Chapter 6.88;

_____ 3. Identifying the Collective’s security personnel; provide documentation of the proper certification of that personnel by the State, as required by SJMC Section 6.88.420;

_____ 4. Including a list of all armed individuals and copies of all 10-Day Notice of Firearm on Premises forms.

(c) Rules and Regulations:

_____ 1. A copy of the Collective’s Rules and Regulations which comply with those requirements set forth in Chapter 6.88 of the SJMC.

(d) A copy of the Collective’s cultivation procedures:

_____ 1. Including a detailed explanation of the types of chemicals and fertilizers that will be used and properly stored, along with what measures will be taken to minimize or offset energy use from the cultivation or processing of medical marijuana;

_____ 2. Including detailed procedures for how medical marijuana cultivation waste (i.e.: soil, stalks, stems, etc.), including medical marijuana plants intended for destruction, will be prepared and properly disposed.

The completion of this Application does NOT guarantee continued operation as a Collective in San Jose

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VI COLLECTIVE OPERATIONS

(e) A Manufacturing Plan:

1. If any **concentrates, edible medical marijuana products, or marijuana infused products** will be manufactured/processed at the Collective's premises or location(s), pursuant to section 6.88.330.A.1.i.iv describe the type of products that will be manufactured/processed, and include the manufacturing procedures to be utilized at the location and the premises including a detailed explanation of how chemicals and fertilizers will be stored and what measures will be taken to minimize or offset energy use from the cultivation, processing and manufacturing of medical marijuana. Include the materials and processes that will be used during manufacturing.

_____ Attached is the Collective's manufacturing plan pursuant to 6.88.330.A.1.i.iv.

_____ Does not apply, the collective will not be manufacturing any concentrates, edible marijuana products or marijuana infused products.

(f) A site plan and a separate floor plan:

_____ 1. Each detailing the layout of all locations and premises being utilized by the Collective, including all areas adjacent to those locations and premises, such as parking lots, which are owned or controlled by the Collective;

_____ 2. Include on the floorplan (or on a separate floorplan) the **video camera placement** which clearly identifies the name or number of each camera on the floorplan for identification purposes when viewing video.

(g) An Odor Management Plan:

_____ 1. Detailing steps the Collective will take to install air purification systems and air scrubbers to ensure that the odor of medical marijuana will not emanate beyond the walls of the Collective's locations or premises.

(h) Dispensing and Cultivation location:

1. Pursuant to SJMC 6.88.330.A.1.i.ix, designate the following:

The Collective's sole dispensing location: _____

The Collective's sole cultivation location: _____

Check the box to verify that you attached the required documents at the end of Section VI

_____ I have attached all the documents required from **Question 33 sections a-h** of the operation plan and *clearly identified* sections a-h along with each subsection for every attachment/section of the Collective's Operation Plan.

END OF SECTION VI



SAN JOSE POLICE DEPARTMENT

DIVISION OF MEDICAL MARIJUANA CONTROL



ATTACHMENT A: VIDEO SURVEILLANCE LOGIN INFORMATION

CONFIDENTIAL NOT FOR PUBLIC RELEASE

(33 b.1) Login information for full administrative access (i.e. PTZ control, previously recorded video playback, etc.) of the on-site web-based video surveillance required pursuant to SJMC Section 6.88.420 for the Collective **dispensing site**.

- a) URL: _____
- b) Username: _____
- c) Password: _____
- d) Computer application to view web-based video: _____

Is the URL and login information for the **cultivation site** web-based video surveillance system the same URL and login information as the **dispensing site**?

_____ Yes, it is the same _____ No, it is different
(if it is different fill out the information below)

Login information for full administrative access (i.e. PTZ control, previously recorded video playback, etc.) of the on-site web-based video surveillance required pursuant to SJMC Section 6.88.420 for the Collective **cultivation site**.

- a) URL: _____
- b) Username: _____
- c) Password: _____
- d) Computer application to view web-based video: _____

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VII QUESTIONNAIRE

SECTION VII – QUESTIONNAIRE FOR COLLECTIVE:

(To be completed by Individual Authorized to Sign on Behalf of/Legally Bind the Collective)

COLLECTIVE NAME: _____

Next to each question, please answer “Yes” or “No.” If you answer “Yes” to any of the questions, attach a separate sheet of paper explaining your answer and providing all information necessary for the City to confirm the information you provided, including, but not limited to the jurisdiction where the activity occurred. A “Yes” answer does not necessarily mean you will be disqualified from the registration process. The City may request additional documentation if the information presented is deemed insufficient to complete the investigation.

1. _____ Has the Collective ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Has the Collective ever had a license, certificate, permit, or registration to practice in a regulated profession denied, suspended or revoked, or in any way conditioned, curtailed, limited, or restricted in or by any jurisdiction (including San Jose)?
3. _____ Has the Collective or any of its Owners or Managers previously been disqualified from the City of San Jose’s Medical Marijuana Collective Registration process?
4. _____ Has the Collective’s Registration with the City of San Jose or any other registration, permit, license or authorization issued by the City or by any other local or State agency, which is required to operate a Collective, been deemed null and void, suspended, revoked, or otherwise nullified?
5. _____ Have any of the Collective’s Owners or Managers had Registration with the City of San Jose or any other registration, permit, license or authorization issued by the City or by any other local or State agency, which is required to operate a Collective, deemed null and void, suspended, or revoked?
6. _____ Is any administrative, civil or criminal action pending against the Collective now by any licensing or regulatory agency?
7. _____ Has the Collective ever been the restrained party or petitioner of a Temporary Restraining Order, Preliminary Injunction or Permanent Injunction?

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VII QUESTIONNAIRE

8. _____ In the last five (5) years, has the Collective ever owned or leased a location or premises that has been the subject of an administrative, civil or criminal nuisance abatement action, court judgment or administrative determination finding the location or premises to be a nuisance?
9. _____ Has each member of the Collective provided the Collective with written consent for the City to inspect and copy records pertaining to that member as required by Chapter 6.88 of the San Jose Municipal Code?
10. _____ Collective is current on all payments of any applicable taxes due to the City pursuant to Chapters 4.66 and 4.76 of the SJMC.

Print Name of Individual Authorized to sign on behalf of Collective:		
Position in Collective:		
Signature:		
Date:		
Legal Name of Collective (include DBA if applicable):		
Address:		
City, State, Zip		
Contact Email & Phone number	Email	Phone

**REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VII COLLECTIVE AFFIDAVIT**

COLLECTIVE AFFIDAVIT

(To be completed by Individual Authorized to Sign on Behalf of/Legally Bind the Collective)

COLLECTIVE NAME (include DBA if applicable): _____

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information contained in this Application, and its supporting documentation, discloses all material facts regarding the applicant and associated individuals necessary to allow the City of San Jose to properly evaluate the applicant's qualifications for Registration.

If the applicant is a Collective, I, as the person signing below do hereby represent and warrant that the Collective is authorized to do business in California and that I have full right, power and authority to sign on behalf of the Collective and carry out all actions contemplated by this Application, and that any Registration issued to the Collective constitutes valid, binding and enforceable obligations of the Collective. Upon the City's request, I promise to provide the City with evidence reasonably satisfactory to the City confirming the foregoing representations and warranties.

I will ensure that any information subsequently submitted to the City in conjunction with this Application or its supporting documentation meets the same standard as set forth above.

I understand that this Application may be classified as a public record and may be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or otherwise restricted by law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation and I hereby agree to provide that information within ten (10) calendar days of the date of the request for information. **I further understand that any misrepresentations, omissions or falsifications may result in the applicant being disqualified from the Registration process and/or the Registration, once issued, subsequently being deemed null and void by the City.**

Print Name of Individual Authorized to sign on behalf of Collective:		
Position in Collective:		
Signature:		
Date:		
Legal Name of Collective (include DBA if applicable):		
Address:		
City, State, Zip		
Contact Email & Phone number	Email	Phone

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VII RELEASE OF INFORMATION

COLLECTIVE'S AUTHORIZATION FOR RELEASE OF INFORMATION

(To be completed by Individual Authorized to Sign on Behalf of/Legally Bind the Collective)

I, the undersigned, declare that I am the applicant described and identified in this Application, or an agent of the applicant seeking Registration with the City of San Jose.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the San Jose Police Department any files, records, or information of any type regarding:

(If Applicant is Collective, Insert Legal Name of Collective Below)

ENTITY

(If Applicant is Individual, Insert Legal Name and Date of Birth Below :)

NAME

DATE OF BIRTH

The information is being requested by the San Jose Police Department to properly evaluate the applicant's qualifications for Registration by the City of San Jose. A copy of this Authorization shall be as valid as, and provide the same authorization as, the original.

Print Name of Individual Authorized to sign on behalf of Collective:		
Position in Collective:		
Signature:		
Date:		
Legal Name of Collective (include DBA if applicable):		
Address:		
City, State, Zip		
Contact Email & Phone number	Email	Phone

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VII CONSENT FOR INSPECTION

COLLECTIVE'S CONSENT FOR INSPECTION OF LOCATION/PREMISES
AND INSPECTION AND COPYING OF RECORDS

(To be completed by Individual Authorized to Sign on Behalf of/Legally Bind the Collective)

I, the undersigned, declare that I am authorized to sign on behalf of and legally bind the applicant described and identified in this Application seeking Registration with the City of San Jose.

I authorize the City Manager, the Chief of Police, and their respective designees to inspect and copy any recordings and records required to be maintained under Chapter 6.88 of the San Jose Municipal Code, without requiring them to obtain a search warrant, subpoena or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

I, the undersigned, further authorize the City Manager, the Chief of Police and their respective designees to inspect every premises and location operated by the applicant, without requiring a search warrant or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

A copy of this Consent Form shall be as valid as, and provide the same authorization as, the original.

(If Applicant is Collective, Insert Legal Name of Collective Entity Below)

ENTITY

(If Applicant is Individual, Insert Legal Name and Date of Birth Below :)

NAME

DATE OF BIRTH

Print Name of Individual Authorized to sign on behalf of Collective:		
Position in Collective:		
Signature:		
Date:		
Legal Name of Collective (include DBA if applicable):		
Address:		
City, State, Zip		
Contact Email & Phone number	Email	Phone

REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VII RELEASE OF LIABILITY

RELEASE OF LIABILITY/INDEMNIFICATION/HOLD HARMLESS

(To be completed by Individual Authorized to Sign on Behalf of/Legally Bind the Collective)

1. Collective and its members (hereafter, collectively referred to as "Collective") hereby release the City of San José and its agents, officers, elected officials, and employees (hereafter, collectively referred to as "City") from any injuries, damages, or liabilities of any kind that result from any arrest or prosecution of the Collective for violation of federal or state laws and from any and all legal liability related to or arising from the registration of the Collective with the City of San José or related to or arising from the enforcement of the provisions of Chapter 6.88 of the San José Municipal Code.
2. Collective hereby indemnifies and holds harmless the City for any claims, damages, or liabilities arising from claims filed by third parties due to the operations by the Collective at the Location or Premises or arising from claims filed by the Collective's members arising out of the possession, cultivation, transportation or dispensing of medical marijuana and/or on- or off-site use of medical marijuana provided at the Collective's Location or Premises.
3. Collective will defend, indemnify, and hold harmless the City from any claims or actions brought against the City by third parties to challenge, attack, set aside, void, or annul any approvals and/or denials issued by the City to the Collective in connection with its operations as a medical marijuana collective registered with the City of San José.
4. City has and retains the right to approve the counsel to so defend the City; all significant decisions concerning the manner in which the defense is conducted; and, any and all settlements, which approval shall not be unreasonably withheld.
5. City also retains the right to not participate in the defense of the City, except that City agrees to reasonably cooperate with Collective in the defense. If City chooses to have counsel of its own defend the City and Collective has already retained counsel to defend City, the fees and expenses of the additional counsel selected by City shall be paid by City, except when the City's Attorney's Office participates in the defense, in which case all the fees and costs of the City's Attorney's Office shall be paid by Collective.
6. Collective's defense and indemnification of City set forth herein shall remain in full force and effect throughout all stages of any claims or actions brought including any and all appeals of any lower court judgments rendered.

Legal Name of Collective: _____

By: _____
(Person Authorized to Legally Bind Collective)

Title: _____

(Sign Name)

Date: _____

END OF SECTION VII

END OF REGISTRATION APPLICATION

The completion of this Application does NOT guarantee continued operation as a Collective in San Jose
SJPD Division of Medical Marijuana Control Page 18 of 19

**REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE
REGISTRATION APPLICATION: SECTION VII RELEASE OF LIABILITY**

APPLICATION CHECKLIST

Review the following to ensure all of the required boxes are checked for completeness.

If any box is unchecked, return to that question and provide the required information. For any item that is not applicable, write N/A in the appropriate fields.

Section I

1 2 3 4 5 6 7 8 9 10 11 12 13

Section II

14 15 16 17 18 19 20 21 22

Section III

23 24 25 26 27 28

Section IV

29 30 31

Section V

32

Section VI

33a 33b 33c 33d 33e 33f 33g 33h Attachment A

Section VII

Questionnaire for Collective

Collective Affidavit

Collective's Authorization for Release of Information

Collective's Consent for Inspection

Release of Liability